



Michigan Department of Health & Human Services

Adult Foster Care/Homes for the Aged Personal Care Supplement Payment New Claim Instructions in ASAP

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Checklist

- For Adult Foster Care or Homes for the Aged providers that would like to view or submit claims in Adult Services Authorized Payments (ASAP):
 - ☐ Login to MILogin with your previously created user ID and password
 - ☐ Access ASAP
 - ☐ View or Submit claims

Contact the Provider Support Helpline if you need assistance:

1-800-979-4662

MILogin for Third Party

User ID

Password

Password

LOGIN

Don't have an account?

SIGN UP

Forgot your User ID?

Forgot your password?

Need Help?

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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter your **User ID** and **Password**.
- Click **Login**.

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page of [REDACTED]

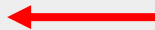
⌚ Your password will expire in **365** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

DCH Adult Services Authorized Payments [REDACTED]



- Click the **DCH Adult Services Authorized Payments** hyperlink.

MILogin for Third

Terms & Conditions

HOME REQUEST ACCESS

LOGOUT

Home Page of

Your password will expire in 30 d

Access your applications by clicking on the a



Michigan Department

DCH Adult Services Authorized Pa

DCH Adult Services Authorized Payments

Terms & Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

CANCEL ✕

Acknowledge/Agree

- Click '**Acknowledge/Agree**' button to accept the Terms & Conditions to get into DCH Adult Services Authorized Payments.

MILogin for Third Party

[HOME](#)

MILogin Multifactor Authentication (MFA)

Hello [redacted],

Please select one of the following options to proceed with additional required authentication.

* Required



Text Message

You will receive a passcode via a text message on your mobile [redacted]



Phone Call Back

You will get a call on your work phone number [redacted]



Email

You will receive a passcode in your email [redacted]

- Click **Text Message**, **Phone Call Back** or **Email** to receive a passcode needed to enter Adult Services Authorized Payments.

MILogin for Third Party

[HOME](#)

MILogin Multifactor Authentication (MFA)

Enter Passcode

* Required

* Passcode

For a different option, click on the Back button.

SUBMIT

BACK

- Enter the **MILogin Multifactor Authentication (MFA) Passcode**.
- Click **Submit**.

Source Bridges

Enroll Type

Name

SSN/Tax Id

Tax Type

Vendor Id

Primary Address



Mailing Address



(000)000-0000

[More Info](#)

Payments

Authorizations

Claims

Export ▾

Filter

10

20

50

First

Previous

Next

Warrant No	Warrant Date ↓ ↑	Gross Amt	Spend Down Amt	FICA Amt	Offset Amt	Treasury Offset	Net Amt	Status
		\$437.84	\$0.00	\$0.00	\$0.00	\$0.00	\$437.84	P ▾
		\$769.52	\$0.00	\$0.00	\$0.00	\$0.00	\$769.52	P ▾
		\$192.38	\$0.00	\$0.00	\$0.00	\$0.00	\$192.38	P ▾
		\$577.14	\$0.00	\$0.00	\$0.00	\$0.00	\$577.14	P ▾
		\$1,346.66	\$0.00	\$0.00	\$0.00	\$0.00	\$1,346.66	P ▾
		\$769.52	\$0.00	\$0.00	\$0.00	\$0.00	\$769.52	P ▾
		\$769.52	\$0.00	\$0.00	\$0.00	\$0.00	\$769.52	P ▾
		\$769.52	\$0.00	\$0.00	\$0.00	\$0.00	\$769.52	P ▾
		\$769.52	\$0.00	\$0.00	\$0.00	\$0.00	\$769.52	P ▾
		\$769.52	\$0.00	\$0.00	\$0.00	\$0.00	\$769.52	P ▾

- Click **Claims**.

Payments Authorizations

Claims



+ New Claim

Next

Export

Filter

10

20

50

First

Previous

Next

Claim Id	Claim Ref No.	Beneficiary Id	Beneficiary Name	Service Begin Date	Service End Date	Warrant No	Status
				09/01/2018	09/30/2018		P Processed
				08/01/2018	08/31/2018		P Processed
				06/01/2018	06/30/2018		1 errors Pended
				05/01/2018	05/31/2018		1 errors Pended
				04/09/2018	04/30/2018		1 errors Pended
				07/01/2018	07/31/2018		1 errors Pended
				02/01/2014	02/28/2014		P Processed
				01/01/2014	01/31/2014		P Processed
				12/01/2013	12/31/2013		P Processed
				11/01/2013	11/30/2013		P Processed

- Confirm the highlighted tab show **Claims**.
- To submit a new claim, click **+New Claim**.

Please Note: To view additional pages click **Next**.

Source
Enroll Type
Name
SSN/Tax Id
Tax Type
Vendor Id

Primary Address



Mailing Address

(000)000-0000

More Info

Payments Authorizations **Claims**

Add New Claims

Please Search For the Service Dates

Provider Id

Service Start Date

Service End Date

Clear

Apply

- Enter the **Service Start Date**.
- Enter the **Service End Date**.
- Click **Apply**.

Please Note: Dates must be entered as MM/DD/YYYY.

You must submit **one** month at a time based on the month and year you are billing for.

Source Bridges

Enroll Type

Name

SSN/Tax Id

Tax Type

Vendor Id

Primary Address

Mailing Address

[More Info](#)

Payments Authorizations **Claims**

Add New Claims

1 Search In Progress **2 Review** Pending **3 Confirmation** Pending

Provider Id Service Start Date Service End Date

02/01/2019 02/28/2019

[Clear](#) [Apply](#)

10 20 50 First Next Last

Beneficiary Id	Beneficiary Name	Service Begin Date	Service End Date	Auth Begin Date	Auth End Date	Select
		02/01/2019	02/28/2019	11/01/2018	10/31/2019	Click to add
		02/01/2019	02/28/2019	09/01/2018	02/28/2019	Click to add

[Apply All](#) [Review](#)

- Select **Click to add** if the information listed is correct.

Source
 Enroll Type
 Name
 SSN/Tax Id
 Tax Type
 Vendor Id

Primary Address



Mailing Address



[More Info](#)


[Payments](#)
[Authorizations](#)
[Claims](#)

Add New Claims

1 Search In Progress
 2 Review Pending
 3 Confirmation Pending

Provider Id

Service Start Date



Service End Date



[Clear](#)
[Apply](#)

10 20 50
 [First](#)
[Next](#)
[Last](#)

Beneficiary Id	Beneficiary Name	Service Begin Date	Service End Date	Auth Begin Date	Auth End Date	Select
		02/01/2019	02/28/2019	11/01/2018	10/31/2019	✕
		02/01/2019	02/28/2019	09/01/2018	02/28/2019	Click to add

[Apply All](#)
[Review](#)


- Click **Review**.

[Payments](#)
[Authorizations](#)
[Claims](#)

Add New Claims

1 Search
Completed
2 Review
In Progress
3 Confirmation
Pending

Provider Id:
 Service Start Date: 
 Service End Date: 
Clear Apply

Beneficiary Id	Beneficiary Name	Service Begin Date	Service End Date	Auth Begin Date	Auth End Date	Status	Remove
		02/01/2019	02/28/2019	11/01/2018	10/31/2019	Success	

Previous
Submit

- Click **Submit**.

Source Bridges

Enroll Type

Name

SSN/Tax Id

Tax Type

Vendor Id

Primary Address

Mailing Address

More Info

Payments

Authorizations

Claims

Add New Claims

1 Search

Completed

2 Review

Completed

3 Confirmation

Completed

Claims Submitted Successfully! Claim Reference No :

Provider Id

Service Start Date

Service End Date

02/01/2019

02/28/2019

Export

Print

10

20

50

First

Next

Last

Beneficiary Id	Beneficiary Name	Service Begin Date	Service End Date	Auth Begin Date	Auth End Date	Status
		02/01/2019	02/28/2019	09/01/2018	02/28/2019	Submitted

New Claim

- The claim has been successfully submitted.
- To submit additional claims, click **New Claim**.
- Once you are finished submitting claims, logout.

Provider Resources

- Adult Foster Care/Homes for the Aged
Personal Care Supplement Payment

Provider Support:

1-800-979-4662

- Provider Support Email:

ProviderSupport@Michigan.gov

- Website:

www.Michigan.gov/AFCprovider